

APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF TEXAS

NO.

Applicants Name: _____
 Last First Middle
 Street Address _____ Telephone # _____
 (8am-5pm)
 City _____ State _____ Zip Code _____
 Signature: _____

PART I. ENTER NAME, DATE AND PLACE OF BIRTH OF CHILD, AND NAMES OF PARENTS AS SHOWN ON BIRTH CERTIFICATE. IF CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)

1. FULL NAME OF CHILD		2. DATE OF BIRTH
3. PLACE OF BIRTH	4. SEX	5. STATE FILE NO. (If known)
6. FULL NAME OF FATHER		7. FULL MAIDEN NAME OF MOTHER

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. (Type or Print)

8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS AFFIDAVIT IS TO BE SIGNED BY A PERSON WHO IS ACQUAINTED WITH THE FACTS, PREFERABLY BY THE ATTENDING PHYSICIAN, PARENTS, AN OLDER SISTER, BROTHER, COUSIN, AUNT OR UNCLE. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT.

This section MUST be signed before a Notary Public.

STATE OF TEXAS
 COUNTY OF _____
 Before me on this day appeared _____ (Name)
 now residing at _____ (Street Address) _____ (City)
 _____, who is related to the person named in Item I above as _____ (State)
 and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.
 Signature _____ Father Signature _____ Mother
 Sworn to and subscribed before me, this _____ day of _____, 19 _____

OFFICE USE ONLY

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City and State

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Vernon's Texas Health Code, Chapter 195)

This application, supporting document(s), and the statutory filing fee of \$15.00 should be submitted to:

This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose the additional fee of \$11.00 for each copy of the amended certificate requested. *This fee rate(s) was set by the Texas Board of Health and was not mandated by the Texas Legislature.

BUREAU OF VITAL STATISTICS
 TEXAS DEPARTMENT OF HEALTH
 P O Box 12040
 AUSTIN TEXAS 78711-2040



**This Application Cannot Be Used to Add the Father's Information.*

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

EXAMPLES OF CORRECTIONS

Both Parents must sign affidavit for minor child.

TYPES OF DOCUMENTS

NAME

A. ADDING INFORMATION

[Items left blank on original certificate]

[1] children 17 and under affidavit signed by both parents

[2] adults, 18 and over affidavit by older relative

B. CORRECTIONS IN SPELLING

[Names having the same sound or diminutives] affidavit by parent(s) or older relative

C. SIGNIFICANT CHANGE IN FIRST OR MIDDLE NAME affidavit and one document (see 1 & 2 under A)

D. SIGNIFICANT CHANGE IN SURNAME a certified court order

DATE OF BIRTH affidavit and one document created within 5 years of birth

SEX certification by medical attendant or affidavit and one document

NAME OF FATHER

[Refer to examples listed under name unless item is left blank]

[1] To add information when item is left blank a paternity determination (this form cannot be used to add father's name; contact Bureau of Vital Statistics 458-7111)

ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO BUREAU OF VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION. (512) 458-7111

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

- | | | |
|---|--|--|
| 1. HOSPITAL RECORD OF BIRTH | 12. INSURANCE POLICY APPLICATION | 20. BIRTH CERTIFICATE OF REGISTRANT'S CHILD |
| 2. PHYSICIAN'S OFFICE RECORD OF BIRTH | 13. ARMED FORCES DISCHARGE PAPERS | 21. BIRTH OR DEATH CERTIFICATE OF REGISTRANT'S PARENTS |
| 3. FAMILY BIBLE RECORD | 14. SOCIAL SECURITY APPLICATION
An official transcript issued by the Social Security Administration, Department of Health, Education, and Welfare, Baltimore, Md. | 22. DIVORCE DECREE |
| 4. BIRTHDAY BOOK OR BIRTH ANNOUNCEMENT | 15. EMPLOYMENT RECORD
An official statement signed by custodian of company employment records including the date of employment. | 23. JUDICIAL ACTIONS
A certified copy of any court action affecting any information shown on the birth certificate. |
| 5. BAPTISMAL CERTIFICATE | 16. CIVIL SERVICE RECORD | |
| 6. OTHER CHURCH RECORD | 17. RECORD OF IMMIGRATION AND NATURALIZATION SERVICE, DEPARTMENT OF JUSTICE, WASHINGTON 25, D. C. | |
| 7. SCHOOL RECORD
Must be signed by custodian of school records based on earliest attendance. | 18. PASSPORT | |
| 8. CHILD'S BANK ACCOUNT BOOK | 19. MARRIAGE RECORD OF PARENTS
A copy of certificate, license, or application, whichever supplies the required facts. | |
| 10. FEDERAL CENSUS RECORD
Upon application, necessary forms will be furnished by the Texas Bureau of Vital Statistics. | | |
| 11. BIRTH CERTIFICATE OF REGISTRANT'S OLDER BROTHER OR SISTER | | |